

RECEIVED
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
SEP 23 PM 2:34
FDNY PRO SE OFFICE

Tyrone M. Avery

Write the full name of each plaintiff.

-against-

Captain Holder,
E-S-U Captain Noise

No. 20 CV 8067

(To be filled out by Clerk's Office)

First Amended
COMPLAINT

(Prisoner)

Do you want a jury trial?

Yes No

Write the

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

Write the

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

Violation of my federal constitutional rights

Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

State below _____
 First Name: Tyrone Middle Initial: A Last Name: MASSER

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

8952000522

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

MANHATTAN Detention Complex (West Facility)

Current Place of Detention

1606 Hazen Street

Institutional Address

EAST Elmhurst, NY 11370

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee
 Civilly committed detainee
 Immigration detainee
 Convicted and sentenced prisoner
 Other: _____

Indicate below whether you are a prisoner or other confined person:

Pretrial detainee
 Civilly committed detainee
 Immigration detainee
 Convicted and sentenced prisoner
 Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
CAPTAIN		
75-20 ASTORIA BOULEVARD		
EAST ELmhurst, NY 11370		
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
CAPTAIN		
Current Job Title (or other identifying information)		
Current Work Address		

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		

County, City

State

Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: MANHATTAN Detention complex

Date(s) of occurrence: September 4, 2020

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ON SEPTEMBER 4, 2020 WHILE AT THE MANHATTAN
DETENTION CENTER IN HOUSING AREA 9 SOUTH
CAPTAINS HOLDER AND MOISE WAS RESPONSIBLE
FOR MY CARE, CUSTODY AND CONTROL AS I
AM A PRETRIAL DETAINED. CAPTAINS MOISE
AND HOLDER OBSERVED ME BETWEEN
8:20 PM - 9:00 PM ON SEPTEMBER 4, 2020
EXPERIENCING A MENTAL HEALTH CRISIS
WHEN I BEGAN HEARING VOICES, HALLUCINATING
AND UTILIZING GLASS TO CUT MYSELF
CAPTAINS HOLDER AND MOISE VIOLATED
THEIR LEGAL DUTY OF CARE BY REFUSING
TO TAKE ME TO CLINIC FOR MY SEIZURE
MEDICATION WHICH THE NURSE MS. BURICE
TOLD THEM I NEEDED TO BE ESCORTED
TO CLINIC TO RECEIVE AT APPROXIMATELY
8:45 PM CAPTAIN MOISE AND SEVERAL E.S.U.
OFFICERS SEARCHED ME TO CONFISCATE
ANY SHARP OBJECT I MAY HAVE HAD TO
CONTINUE TO CUT MYSELF AT APPROXIMATELY

9PM I WAS Told by E.S.U CAPTAIN Morse
and CAPTAIN holder I WAS not going To
Clinic To receive my seizure medication or
TREATmenT medicallY for my open
Wounds THAT was bleding. CAPTAIN S Morse
and CAPTAIN holder VIOLATED their "Legal
dUTY of CARE" AS well AS my 8th AND 14th
Amendment rights AS well AS their
own written policy and procedures

INJURIES:

See pages 52-4

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

V. STATEMENT OF CLAIM

FACTS: continued

subjecting me to unnecessary pain and suffering, (CAPTAIN moise and holder violated their own "legal duty of care". Both CAPTAINs holder and moise was supposed to search me and immediately take me to clinic as I was bleeding from the lacerations to my body and to receive my seizure medication. I was being a danger to myself as I was experiencing a mental health crisis and both CAPTAINs holder and CAPTAIN moise refused me medical attention. There is a camera directly outside my cell that recorded this incident. At 9 pm on September 4, 2020 I told CAPTAIN holder and CAPTAIN moise as well as several other ESU officers I did not want to lock in

V. Statement of claim
FACTS: continued

AS I needed medical treatment I WAS told by Captain Moise and several E.G.U officers if I did not lock in they would "kill me" I locked in out of fear when I locked in I immediately broke my cell light hoping I would get medical attention my cell WAS opened and I WAS then sprayed with chemical agents. There is a camera directly outside my cell that recorded me cutting myself between 8:20pm to 9pm on September 4, 2020 And receiving no escort to clinic for treatment I filed no grievance as "STAFF complaints are non-grievable" and not subjected to the grievance process of the NY Dept. of Corrections see exhibits A-

V. STATEMENT OF CLAIM

FACTS continued:

AS noted in ROSS V. BLAKE 136 S.Ct. 1850 inmates are required to exhaust only administrative remedies that are genuinely available. The Supreme Court noted inmates must only exhaust remedies that are capable of use to obtain some relief. The court also noted that a "remedy is unavailable when officers are consistently unable or unwilling to give inmates any sort of relief". See exhibits A -

**CITY OF NEW YORK - DEPARTMENT OF CORRECTION****OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM**

Form: 7101R
Eff.: 2/25/20
Ref.: Dir. 3376R-

The Office of Constituent and Grievance Services (OCGS) at the NYC Department of Correction is available to resolve your individual complaints or concerns about specific matters involving incarceration.

You may first seek to resolve the issue or condition by speaking to the involved staff or your housing area officer.

- A grievance is a written or electronic (311) submission by an inmate in the Department's custody about an issue or condition relating to the inmate's confinement. Before you seek relief from an external entity, like the courts or another agency, you should file a grievance with this office.
- You have the right to file a grievance. If you believe Department staff is retaliating against you because of a grievance you submitted, you can file a staff complaint through the grievance process. There must be some connection between the previous grievance you filed and the staff complaint to claim retaliation. Retaliation is any action or threat of action against an incarcerated individual who participates in the grievance process. Retaliation by Departmental staff against anyone for participating in the grievance process is strictly prohibited. Behaviors that may be considered retaliatory include, but are not limited to: threats, reprimands, harassment, or denial of certain privileges.
- Inmates are only allowed to file one complaint for each grievance either written on this form or calling 311.
- Inmates shall not file repetitive grievances on this form or call 311, where the time frame to investigate said grievance has not expired. This will be considered misuse. All grievances have a seven day investigation timeframe.

All grievance forms must be signed. Failure to sign form will be deemed invalid.

THE SUBMISSION AND APPEALS PROCESSES

1. SUBMISSION

Submit this form (Statement form) to the OCGS office, OCGS staff, or drop it in a grievance box. Your grievance form will be returned to you if the complaint is outside of OCGS jurisdiction such as complaints in regards to disciplinary process; if the grievance contains multiple issues; or if the grievance form is not signed. Please speak with the grievance staff in your facility for additional information.

2. FORMAL RESOLUTION

You will receive a proposed resolution within seven (7) business days after the OCGS receives the form. If you disagree with the proposed resolution, you will have two business days to request an appeal to the facility Commanding Officer.

3. COMMANDING OFFICER'S REVIEW

The OCGS staff will forward your appeal to the commanding officer within one business day of receiving it. Within five (5) business days of receiving the appeal, the commanding officer will render a written disposition, you will have two (2) business days to appeal to the Division Chief.

4. APPEAL TO THE DIVISION CHIEF

The OCGS staff will forward your appeal to the Division Chief within one business day of receiving it. Within five (5) business days of receiving the appeal, the Division Chief will render a written disposition.

5. CENTRAL OFFICE REVIEW COMMITTEE

If you disagree with the Division Chief's disposition, you will have two (2) business days to appeal to the Central Office Review Committee (CORC). The CORC will render a disposition within fifteen business days of receiving the appeal. The CORC's disposition constitutes the Department's final decision.

GRIEVANCE CATEGORIES

1. CLASSIFICATION/SRG STATUS
2. CLOTHING
3. COMMISSARY
4. CORRESPONDENCE / MAIL
5. EMPLOYMENT
6. ENVIRONMENTAL
7. FOOD
8. INMATE ACCOUNT
9. JAIL TIME
10. LAUNDRY
11. LAW LIBRARY
12. MEDICAL/ACCESS TO SICK CALL
13. MENTAL HEALTH
14. PERSONAL HYGIENE
15. PHONE
16. PROGRAMS
17. PROPERTY
18. RECREATION
19. RELIGION
20. RULES AND REGULATIONS
21. SCHOOL
22. SEARCH
23. SOCIAL SERVICES
24. TRANSPORTATION
25. VISIT
26. OTHER

CATEGORIES NOT SUBJECT TO THE GRIEVANCE PROCESS

1. ASSAULT ALLEGATION
2. SEXUAL ABUSE/SEXUAL HARASSMENT (PREA)
3. HARASSMENT ALLEGATION
4. STAFF COMPLAINT
5. INMATE ALTERCATION
6. INMATE ON INMATE SEXUAL ABUSE/SEXUAL HARASSMENT ALLEGATION (PREA)
7. INMATE-ON-INMATE VERBAL HARASSMENT ALLEGATION
8. STATUS AS AN INTENDED CONTRABAND RECIPIENT, ENHANCED RESTRAINT STATUS, RED ID OR CMC)
9. MEDICAL STAFF / MENTAL HEALTH STAFF
10. REQUEST FOR PROTECTIVE CUSTODY
11. REQUEST FOR ACCOMMODATION DUE TO DISABILITY
12. FREEDOM OF INFORMATION LAW REQUEST
13. HOUSING
14. INMATE GRIEVANCE
15. OTHER

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION					
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM		Form: 7101R Eff.: 2/25/20 Ref.: Dir. 3376R-				
<p>The Office of Constituent and Grievance Services (OCGS) at the NYC Department of Correction is available to resolve your individual complaints or concerns about specific matters involving incarceration.</p> <p>You may first seek to resolve the issue or condition by speaking to the involved staff or your housing area officer.</p> <ul style="list-style-type: none"> • A grievance is a written or electronic (311) submission by an inmate in the Department's custody about an issue or condition relating to the inmate's confinement. Before you seek relief from an external entity, like the courts or another agency, you should file a grievance with this office. • You have the right to file a grievance. If you believe Department staff is retaliating against you because of a grievance you submitted, you can file a staff complaint through the grievance process. There must be some connection between the previous grievance you filed and the staff complaint to claim retaliation. Retaliation is any action or threat of action against an incarcerated individual who participates in the grievance process. Retaliation by Departmental staff against anyone for participating in the grievance process is strictly prohibited. Behaviors that may be considered retaliatory include, but are not limited to: threats, reprimands, harassment, or denial of certain privileges. • Inmates are only allowed to file one complaint for each grievance either written on this form or calling 311. • Inmates shall not file repetitive grievances on this form or call 311, where the time frame to investigate said grievance has not expired. This will be considered misuse. All grievances have a seven day investigation timeframe. <p style="text-align: center;"><i>All grievance forms must be signed. Failure to sign form will be deemed invalid.</i></p>						
THE SUBMISSION AND APPEALS PROCESSES						
<p>1. SUBMISSION Submit this form (Statement form) to the OCGS office, OCGS staff, or drop it in a grievance box. Your grievance form will be returned to you if the complaint is outside of OCGS jurisdiction such as complaints in regards to disciplinary process; if the grievance contains multiple issues; or if the grievance form is not signed. Please speak with the grievance staff in your facility for additional information.</p>						
<p>2. FORMAL RESOLUTION You will receive a proposed resolution within seven (7) business days after the OCGS receives the form. If you disagree with the proposed resolution, you will have two business days to request an appeal to the facility Commanding Officer.</p>						
<p>3. COMMANDING OFFICER'S REVIEW The OCGS staff will forward your appeal to the commanding officer within one business day of receiving it. Within five (5) business days of receiving the appeal, the commanding officer will render a written disposition, you will have two (2) business days to appeal to the Division Chief.</p>						
<p>4. APPEAL TO THE DIVISION CHIEF The OCGS staff will forward your appeal to the Division Chief within one business day of receiving it. Within five (5) business days of receiving the appeal, the Division Chief will render a written disposition.</p>						
<p>5. CENTRAL OFFICE REVIEW COMMITTEE If you disagree with the Division Chief's disposition, you will have two (2) business days to appeal to the Central Office Review Committee (CORC). The CORC will render a disposition within fifteen business days of receiving the appeal. The CORC's disposition constitutes the Department's final decision.</p>						
<p style="text-align: center;">GRIEVANCE CATEGORIES</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> 1. CLASSIFICATION/SRG STATUS 2. CLOTHING 3. COMMISSARY 4. CORRESPONDENCE / MAIL 5. EMPLOYMENT 6. ENVIRONMENTAL 7. FOOD 8. INMATE ACCOUNT 9. JAIL TIME 10. LAUNDRY 11. LAW LIBRARY 12. MEDICAL/ACCESS TO SICK CALL </td> <td style="width: 50%; vertical-align: top;"> 13. MENTAL HEALTH 14. PERSONAL HYGIENE 15. PHONE 16. PROGRAMS 17. PROPERTY 18. RECREATION 19. RELIGION 20. RULES ANDREGULATIONS 21. SCHOOL 22. SEARCH 23. SOCIAL SERVICES 24. TRANSPORTATION 25. VISIT 26. OTHER </td> </tr> </table>		1. CLASSIFICATION/SRG STATUS 2. CLOTHING 3. COMMISSARY 4. CORRESPONDENCE / MAIL 5. EMPLOYMENT 6. ENVIRONMENTAL 7. FOOD 8. INMATE ACCOUNT 9. JAIL TIME 10. LAUNDRY 11. LAW LIBRARY 12. MEDICAL/ACCESS TO SICK CALL	13. MENTAL HEALTH 14. PERSONAL HYGIENE 15. PHONE 16. PROGRAMS 17. PROPERTY 18. RECREATION 19. RELIGION 20. RULES ANDREGULATIONS 21. SCHOOL 22. SEARCH 23. SOCIAL SERVICES 24. TRANSPORTATION 25. VISIT 26. OTHER	<p style="text-align: center;">CATERGORIES NOT SUBJECT TO THE GRIEVANCE PROCESS</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; text-align: center; padding: 5px;"> 1. ASSAULT ALLEGATION 2. SEXUAL ABUSE/SEXUAL HARASSMENT (PREA) 3. HARASSMENT ALLEGATION <u>4. STAFF COMPLAINT</u> 5. INMATE ALTERCATION 6. INMATE ON INMATE SEXUAL ABUSE/SEXUAL HARASSMENT ALLEGATION (PREA) 7. INMATE-ON-INMATE VERBAL HARASSMENT ALLEGATION 8. STATUS AS AN INTENDED CONTRABAND RECIPIENT, ENHANCED RESTRAINT STATUS, RED ID OR CMC) 9. MEDICAL STAFF / MENTAL HEALTH STAFF 10. REQUEST FOR PROTECTIVE CUSTODY 11. REQUEST FOR ACCOMMODATION DUE TO DISABILITY 12. FREEDOM OF INFORMATION LAW REQUEST 13. HOUSING 14. INMATE GRIEVANCE 15. OTHER </td> </tr> </table>		1. ASSAULT ALLEGATION 2. SEXUAL ABUSE/SEXUAL HARASSMENT (PREA) 3. HARASSMENT ALLEGATION <u>4. STAFF COMPLAINT</u> 5. INMATE ALTERCATION 6. INMATE ON INMATE SEXUAL ABUSE/SEXUAL HARASSMENT ALLEGATION (PREA) 7. INMATE-ON-INMATE VERBAL HARASSMENT ALLEGATION 8. STATUS AS AN INTENDED CONTRABAND RECIPIENT, ENHANCED RESTRAINT STATUS, RED ID OR CMC) 9. MEDICAL STAFF / MENTAL HEALTH STAFF 10. REQUEST FOR PROTECTIVE CUSTODY 11. REQUEST FOR ACCOMMODATION DUE TO DISABILITY 12. FREEDOM OF INFORMATION LAW REQUEST 13. HOUSING 14. INMATE GRIEVANCE 15. OTHER
1. CLASSIFICATION/SRG STATUS 2. CLOTHING 3. COMMISSARY 4. CORRESPONDENCE / MAIL 5. EMPLOYMENT 6. ENVIRONMENTAL 7. FOOD 8. INMATE ACCOUNT 9. JAIL TIME 10. LAUNDRY 11. LAW LIBRARY 12. MEDICAL/ACCESS TO SICK CALL	13. MENTAL HEALTH 14. PERSONAL HYGIENE 15. PHONE 16. PROGRAMS 17. PROPERTY 18. RECREATION 19. RELIGION 20. RULES ANDREGULATIONS 21. SCHOOL 22. SEARCH 23. SOCIAL SERVICES 24. TRANSPORTATION 25. VISIT 26. OTHER					
1. ASSAULT ALLEGATION 2. SEXUAL ABUSE/SEXUAL HARASSMENT (PREA) 3. HARASSMENT ALLEGATION <u>4. STAFF COMPLAINT</u> 5. INMATE ALTERCATION 6. INMATE ON INMATE SEXUAL ABUSE/SEXUAL HARASSMENT ALLEGATION (PREA) 7. INMATE-ON-INMATE VERBAL HARASSMENT ALLEGATION 8. STATUS AS AN INTENDED CONTRABAND RECIPIENT, ENHANCED RESTRAINT STATUS, RED ID OR CMC) 9. MEDICAL STAFF / MENTAL HEALTH STAFF 10. REQUEST FOR PROTECTIVE CUSTODY 11. REQUEST FOR ACCOMMODATION DUE TO DISABILITY 12. FREEDOM OF INFORMATION LAW REQUEST 13. HOUSING 14. INMATE GRIEVANCE 15. OTHER						



CITY OF NEW YORK - DEPARTMENT OF CORRECTION

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM



Form: # 7101R-A
Eff.: 9/14/18
Ref.: Dir. 3376R-A

The Office of Constituent and Grievance Services (OCGS) at the NYC Department of Correction is available to resolve your individual complaints or concerns about specific matters involving incarceration.

You may first seek to resolve the issue or condition by speaking to the involved staff or your housing area officer.

- A grievance is a written complaint submitted by an inmate in the Department's custody about an issue or condition relating to the inmate's confinement.
- You always have the right to file a complaint/grievance. Inmates are only allowed to file one complaint for each grievance form.
- Before you seek relief from an external entity, like the courts or another agency, you should file your grievance with this office.
- Inmate shall not file repetitive grievances / 311 complaints where time frame to investigate said complaint has not elapsed. This will be considered misuse.

All grievance forms must be signed. Failure to sign form will be deemed invalid.

THE SUBMISSION AND APPEALS PROCESSES

1. SUBMISSION

Submit this form (Statement form) to the OCGS office, OCGS staff, or drop it in a grievance box. Your grievance form will be returned to you if the complaint is outside of OCGS jurisdiction such as complaints in regards to disciplinary process; if the grievance contains multiple issues; or if the grievance form is not signed. Please speak with the grievance staff in your facility for additional information.

2. FORMAL RESOLUTION

You will receive a proposed resolution within seven (7) business days after the OCGS receives the form. If you disagree with the proposed resolution, you will have two business days to request an appeal to the facility Commanding Officer.

3. COMMANDING OFFICER'S REVIEW

The OCGS staff will forward your appeal to the commanding officer within one business day of receiving it. Within five (5) business days of receiving the appeal, the commanding officer will render a written disposition; you will have two (2) business days to appeal to the Division Chief.

4. APPEAL TO THE DIVISION CHIEF

The OCGS staff will forward your appeal to the Division Chief within one business day of receiving it. Within five (5) business days of receiving the appeal, the Division Chief will render a written disposition.

5. CENTRAL OFFICE REVIEW COMMITTEE

If you disagree with the Division Chief's disposition, you will have two (2) business days to appeal to the Central Office Review Committee (CORC). The CORC will render a disposition within fifteen business days of receiving the appeal. The CORC's disposition constitutes the Department's final decision.

GRIEVANCE CATEGORIES

1. CLASSIFICATION/SRG STATUS
2. CLOTHING
3. COMMISSARY
4. CORRESPONDENCE / MAIL
5. EMPLOYMENT
6. ENVIRONMENTAL
7. FOOD
8. INMATE ACCOUNT
9. JAIL TIME
10. LAUNDRY
11. LAW LIBRARY
12. MEDICAL/ACCESS TO SICK CALL
13. MENTAL HEALTH
14. PERSONAL HYGIENE
15. PHONE
16. PROGRAMS
17. PROPERTY
18. RECREATION
19. RELIGION
20. RULES AND REGULATIONS
21. SCHOOL
22. SEARCH
23. SOCIAL SERVICES
24. TRANSPORTATION
25. VISIT
26. OTHER

CATEGORIES NOT SUBJECT TO THE GRIEVANCE PROCESS

1. ASSAULT ALLEGATION
2. SEXUAL ABUSE/SEXUAL HARASSMENT (PREA)
3. HARASSMENT ALLEGATION
4. STAFF COMPLAINT
5. INMATE ALTERCATION
6. INMATE ON INMATE SEXUAL ABUSE/SEXUAL HARASSMENT ALLEGATION (PREA)
7. INMATE-ON-INMATE VERBAL HARASSMENT ALLEGATION
8. STATUS AS AN INTENDED CONTRABAND RECIPIENT, ENHANCED RESTRAINT STATUS, RED ID OR CMC
9. MEDICAL STAFF / MENTAL HEALTH STAFF
10. REQUEST FOR PROTECTIVE CUSTODY
11. REQUEST FOR ACCOMMODATION DUE TO DISABILITY
12. FREEDOM OF INFORMATION LAW REQUEST
13. HOUSING
14. INMATE GRIEVANCE
15. OTHER

 CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			
		Form.: 7101R Eff.: 2/26/20 Ref.: Dir. 3376R-A	
Inmate's Name: <i>Tyrone Masssey</i>	Book & Case #: <i>895200052-2</i>	NYSID #: <i>0108303M</i>	
Facility: <i>MDC</i>	Housing Area: <i>9 South</i>	Date of Incident: <i>11/25/2021</i>	Date Submitted: <i>11/26/2021</i>

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance: *CAPT. CRESWELL kept threatening to kill me on Jan 25, 2021 due to me filing 1 AND 2 IT'S AND prosecuting her coworkers in violation of Federal Statutes 18 USC § 8242, 18 USC § 8241, 18 USC § 8243*

Action Requested by Inmate: *1-D, TRIAL division, Federal investigation*

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff? Yes No

Do you need the OCGS staff to write the grievance for you? Yes No

Have you filed this grievance with a court or other agency? Yes No

Did you require the assistance of an interpreter? Yes No

Inmate's Signature: <i>T. Masssey</i>	Date of Signature: <i>11/26/2021</i>
---------------------------------------	--------------------------------------

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP <i>2021-11-26 12:00:00</i>	Grievance Reference # <i>376111</i>	Category: <i>Non-credible Allegation</i>
Office of Constituent and Grievances Services Coordinator/Officer Signature: <i>None</i>		

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			
			Form: 7101R Eff.: 2/26/20 Ref.: Dir. 3376R-A	
Inmate's Name: Tyrone Massay	Book & Case #: 8952000522	NYSID #: 01083103m		
Facility: MDC	Housing Area: 950th	Date of Incident: ongoing	Date Submitted: 2118121	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p> <p>Grievance:</p> <p><i>Bing hearings officer Officer Goma name name initial is 'G' female has been denying me disciplinary hearings</i></p>				
<p>Action Requested by Inmate: <i>Afforded disciplinary hearings via handheld CAMOVA in the presence of disciplinary hearing Captain</i></p>				
<p>Please read below and check the correct box:</p>				
<p>Do you agree to have your statement edited for clarification by OCGS staff?</p>		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<p>Do you need the OCGS staff to write the grievance for you?</p>		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<p>Have you filed this grievance with a court or other agency?</p>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<p>Did you require the assistance of an interpreter?</p>		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<p>Inmate's Signature: <i>Tyrone</i></p>			<p>Date of Signature: <i>2118121</i></p>	
<p>FOR DOC OFFICE USE ONLY</p>				
<p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>				
<p>GRIEVANCE FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>				
TIME STAMP <small>OCGS DOCKED 10/26/2021 10:00 AM</small>	Grievance Reference # <small>383758</small>	Category: <small>NON-GRIEVABLE - COMPLAINT</small>		
<p>Office of Constituent and Grievances Services Coordinator/Officer Signature:</p> <p><i>Clown Williams #113 -</i></p>				

ATTACHMENT - B



CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM

Form.: 7101R
 Eff.: 2/26/20
 Ref.: Dir. 3376R-A

Inmate's Name:

Tyrone MASSEY

Book & Case #:

89S2003522

NYSID #:

010 83103m

Facility:

MDC

Housing Area:

95outh

Date of Incident:

ongoing

Date Submitted:

2/12/21

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

NYC health and hospitals, correctional health services
 NYC D.O.C officials and/or administrators, City of
 New York, NYC D.O.C Commissioner Cynthia Brann
 Are aware THAT I been making countless
 complaints about my primary care physicians
 has been committing Federal criminal acts against
 me denying me medical care, falsifying medical reports,
 being abusive Dr shpits sexually assaulted me etc --

Action Requested by Inmate: To be provided with ALTERNATE physicians
 that can conduct physical examinations and provide with me
 medical care of quality and in accordance with public health law

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

Have you filed this grievance with a court or other agency?

Yes No

Did you require the assistance of an interpreter?

Yes No

Inmate's Signature:

Date of Signature:

2/12/21

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP

02/12/21 10:21 AM
 2021-02-12 10:21:00

Grievance Reference #

382226

Category:

Medical

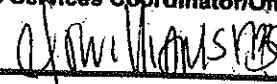
-STAFF

NON Grievable complaint

Office of Constituent and Grievances Services Coordinator/Officer Signature:

(1) Williams#m35

ATTACHMENT - B

 CITY OF NEW YORK - DEPARTMENT OF CORRECTION 			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			Form.: 7101R Eff.: 2/26/20 Ref.: Dir. 3376R-A
Inmate's Name: Tyrone Marsey	Book & Case #: 8952000522	NYSID #: 01083103m	
Facility: MDC	Housing Area: 95outh	Date of Incident: 3/9/21	Date Submitted: 2/19/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
Grievance: <p>Mr. Gladden, Social Services and program employees are deliberately not allowing me access to my property though ADW Brown signed/approved/authorized me to access my property. Facility Administrator here @ MDC is aware of this issue and not addressing this issue.</p>			
Action Requested by Inmate: programs, social services and MDC administrator to allow me to access my property			
Please read below and check the correct box:			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Inmate's Signature: 		Date of Signature: 2/19/21	
FOR DOC OFFICE USE ONLY OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.			
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR			
TIME STAMP 91:01X 112 833 1202 04/20/2021 11:22:02 AM FBI-DOJ-2021-04-11-112833-1202	Grievance Reference # 384693	Category: Non Grievable Staff complaint Reg Property	
Office of Constituent and Grievances Services Coordinator/Officer Signature: 			



CITY OF NEW YORK - DEPARTMENT OF CORRECTION

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM
 Form.: 7101R
 Eff.: 2/25/20
 Ref.: Dir. 3376R-A

Inmate's Name:

Tyrone MASSEY

Book & Case #:

8952000522

NYSID #:

01083103m

Facility:

MDC

Housing Area:

9505th

Date of Incident:

ongoing

Date Submitted:

2/19/21

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

Dr. Wachtel and urgent care doctors not following PreA protocol. I told telehealth Dr. mins I was sexually assaulted and had rectum penetration I was told by Dr. mins that urgent care doctor said I would have to wait until the following day for examination

Action Requested by Inmate: ID Inspector General investigation and NYC O.P.C officials to enforce PreA protocol.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

Have you filed this grievance with a court or other agency?

Yes No

Did you require the assistance of an interpreter?

Yes No

Inmate's Signature:

Date of Signature:

2/19/21

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

62 1 523 A 1207

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP
04/20/2021 12:12 PM
RECEIVED
RECORDED
SEARCHED
INDEXED
FILED

Grievance Reference #

38427

Category:

Non Grievable Incident
Staff complaint

Office of Constituent and Grievance Services Coordinator/Officer Signature:

ATTACHMENT B
CITY OF NEW YORK - DEPARTMENT OF CORRECTIONOFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORMForm.: 7101R
Eff.: 2/25/20
Ref.: Dir. 3376R-A

Inmate's Name:

Tyrone MASSEY

Book & Case #:

8952600522

NYSID #:

AO 83103m

Facility:

MDC

Housing Area:

9 South

Date of Incident:

2/27/21

Date Submitted:

2/22/21

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

MS Lewis/Luis female nurse told me the SPOTICE TO Telehealth Doctor and told me I AM NOT GETTING SICK CALL MEDICAL SERVICES. THIS WAS recorded via facility handheld camera while escorted by Captain Jones

Action Requested by Inmate: Nurse STAFF and MDC Administrators to contact CHS PATIENT Relations to request assistance in providing medical care when I am denied medical care or sick call services

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff? Yes NoDo you need the OCGS staff to write the grievance for you? Yes NoHave you filed this grievance with a court or other agency? Yes NoDid you require the assistance of an interpreter? Yes No

Inmate's Signature:

Date of Signature:

2/22/21

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

62 L A THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP: 09/23/21 10:33 AM

INMATE SIGNATURE:

Grievance Reference #

384267

Category:

Non-Emmittable Staff Complaint

Office of Constituent and Grievances Services Coordinator/Officer Signature:



CITY OF NEW YORK - DEPARTMENT OF CORRECTION

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORMForm: 7101R
Eff.: 2/25/20
Ref.: Dir. 3376R-A

Inmate's Name:

Book & Case #:

NYSID #:

Tyrone Massly

8952000522

01083/03m

Facility:

MDC

Housing Area:

95outh

Date of Incident:

2/16/21

Date Submitted:

2/16/21

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

CAPTAIN James denied me sick call
In DOT seizure medical and medical
Services for sexual ASSAULT on 2/16/21
Sexual ASSAULT occurred on her tour
while I was held hostage in shower
for 9 plus hours

Action Requested by Inmate:

All services afforded to me via handheld
camera medical services as well and investigation

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

Have you filed this grievance with a court or other agency?

Yes No

Did you require the assistance of an interpreter?

Yes No

Inmate's Signature:

Date of Signature:

2/16/21

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP

86 6 19 2021

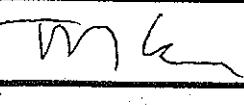
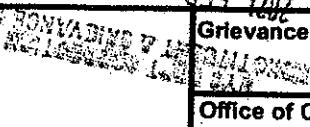
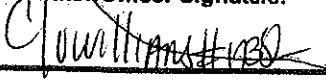
Grievance Reference #

383761

Category:

Non-Grievable - *Sexual
Assault*

Office of Constituent and Grievance Services Coordinator/Officer Signature:

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			
		Form #: 7101R Eff.: 2/25/20 Ref.: Dir. 3376R-A		
Inmate's Name:	Book & Case #:		NYSID #:	
Facility:	Tyrone MASSEY	8952000522	01083103m	
Housing Area:	MDC	950th	Date of Incident:	2/25/21
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>				
<p>Grievance: Officer Trocchia, Officer Gadson and Officer Brodsky are assigned to my housing area today though the doc officials including Commissioner Cynthia Brain and chief's dept are aware that I am saying the above mentioned individuals sexually assaulted me and physically assaulted me yesterday. I am making Captain aware and she is ignoring me.</p>				
<p>Action Requested by Inmate: Separation order against Officers Steele, Trocchia, Brodsky and</p>				
<p>Please read below and check the correct box:</p>				
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Inmate's Signature: 		Date of Signature: 2/25/21		
<p>FOR DOC OFFICE USE ONLY</p> <p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p> <p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>				
TIME STAMP 	Grievance Reference #: 305118		Category: Non-Grievable complaint	
Office of Constituent and Grievances Services Coordinator/Officer Signature: 				

ATTACHMENT - B

CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORMForm.: 7101R
Eff.: 2/25/20
Ref.: Dir. 3376R-A

Name:	Book & Case #:	NYSID #:
Re: <i>Re: massey</i>	8952100522	01083103m
Housing Area:	Date of Incident:	Date Submitted:
DC	9 South	1/12/21

must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. All provide the inmate with a copy of this form as a record of receipt.

I, O Johnson female #8054 on Feb 12, 2021
me to provide a statement regarding
complaint I made without providing
any information as to what 31
complaint I made she only told me
why I am not the investigating Captain I was
to ask you to write a statement if
she gives me any meaningful redress

led by Inmate: 31 complaint investigations executed by designee
Administrators not delegated to subordinates and
ow and check the correct box: recorded via handheld camera

have your statement edited for clarification by OCGS staff?

Yes No

OCGS staff to write the grievance for you?

Yes No

grievance with a court or other agency?

Yes No

the assistance of an interpreter?

Yes No

re: *TMh*

Date of Signature:

Feb 12, 2021

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

Grievance Reference #

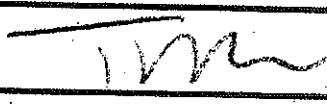
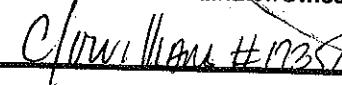
381771

Category:

Non-Grievable Complaint

Office of Constituent and Grievances Services Coordinator/Officer Signature:

John Williams #7035

CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			
	Form.: 7101R Eff.: 2/25/20 Ref.: Dir. 3376R-A		
Inmate's Name: Tyrone Massey		Book & Case #: 8952000522	NYSID #: 01083103m
Facility: MOC	Housing Area: 9 south	Date of Incident: 1-25-2021	Date Submitted: 1-26-2021
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p>Grievance: C.O Truccia on Jan 2021 during 7-3-Tour in housing Area 9 south can be seen on camera not executing his legal duty of come watching me bang my head And not render aid</p>			
<p>Action Requested by Inmate: DO NOT DO THIS ADMINISTRATIVELY disciplined</p>			
<p>Please read below and check the correct box:</p>			
<p>Do you agree to have your statement edited for clarification by OCGS staff? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
<p>Do you need the OCGS staff to write the grievance for you? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
<p>Have you filed this grievance with a court or other agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
<p>Did you require the assistance of an interpreter? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
Inmate's Signature: 		Date of Signature: 1-26-2021	
FOR DOC OFFICE USE ONLY			
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.			
<p>EE L A 17 NOV 2021 THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>			
TIME STAMPER: INVESTIGATOR'S INITIALS 1024467	Grievance Reference # 376122	Category: Non-Grievable - Staff complaint	
Office of Constituent and Grievances Services Coordinator/Officer Signature: 			

ATTACHMENT - B

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM				
			Form.: 7101R Eff.: 2/25/20 Ref.: Dir. 3376R-A		
Inmate's Name:	Tyrone Masssey	Book & Case #:	8952000522	NYSID #:	01083103m
Facility:	MDC	Housing Area:	9 South	Date of Incident:	1/25/2021
Date Submitted: 1/26/2021					
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>					
<p>Grievance: (APT. Adams during the 11pm-7AM tour on Jan 25/2021 refused me medical care though I complained to her of bleeding, swelling and excruciating pain as a result of me being involved in multiple use of forces on Jan 25/2021 and not examined or given medical care she stated "You are a federal not we gonna kill you in violation of Federal Statutes 18 USC 242 18 USC 51513</p>					
<p>Action Requested by Inmate: 1-D, trials division, or investigation and disciplinary (APT. Adams) and Federal investigation/prosecution A SWP/1</p>					
<p>Please read below and check the correct box:</p>					
Do you agree to have your statement edited for clarification by OCGS staff?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you need the OCGS staff to write the grievance for you?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Have you filed this grievance with a court or other agency?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Did you require the assistance of an interpreter?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inmate's Signature: <u>TM</u>			Date of Signature: <u>1/26/2021</u>		
FOR DOC OFFICE USE ONLY					
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.					
<p>EE 2 A 12 THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p>					
TIME STAMP 2021-01-26 10:45:00 AM	Grievance Reference #		<input type="checkbox"/> Category: Staff <input type="checkbox"/> Non-Grievable - Complaint		
		Office of Constituent and Grievances Services Coordinator/Officer Signature:			
<p><u>2/01/2021 10:45:00 AM</u></p>					



CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM

Form.: 7101R
 Eff.: 2/25/20
 Ref.: Dir. 3376R-A

Inmate's Name:

Tyrone Masssey

Book & Case #:

8952000522

NYSID #:

N083103m

Facility:

mDC

Housing Area:

9 South

Date of Incident:

Ongangs

Date Submitted:

1/26/2021

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

On January 25, 2021

Grievance: Nurse M. Carberry here AT mDC responded to medical emergency for me AFTER I KEPT self harming myself by repeatedly banging my head and having seizure and being nonresponsive she left me in housing Area in violation of standard medical protocol and had to be called a second time to respond to medical emergency for me she has been violating my medical constitutional rights

Action Requested by Inmate: M. Carberry (nurse) To be disciplined

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?

Yes No

Do you need the OCGS staff to write the grievance for you?

Yes No

Have you filed this grievance with a court or other agency?

Yes No

Did you require the assistance of an interpreter?

Yes No

Inmate's Signature:

Tm

Date of Signature:

1/26/2021

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP LC MVT 1202
 MG-BONVIAUD & INSURANCE
 800 123 4567 1234 5678

Grievance Reference #

376070

Category: Medical
 Non-Grievable - Staff Complaint

Office of Constituent and Grievances Services Coordinator/Officer Signature:

C. Williams #19351

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES		INMATE STATEMENT FORM	
		Form.: 7101R Eff.: 2/25/20 Ref.: Dir. 3376R-A	
Name: <u>Yvonne Massley</u>		Book & Case #: <u>8922000522</u>	NYSID #: <u>01083103m</u>
MOC <u>9 South</u>		Housing Area: <u>9 South</u>	Date of Incident: <u>12/25/2021</u>
			Date Submitted: <u>12/26/2021</u>

Incidents must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or assault allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. Staff shall provide the inmate with a copy of this form as a record of receipt.

Q: Capt. crewnell violated The MNER Agreement several mandate several times on Jan 25, 2021. In violation for me filing federal lawsuits she immediately ACTIVATED A FACILITY ALARM though there was no threat to no one nor was I being disruptive. The time she ACTIVATED A FACILITY ALARM I was even in FACILITY for 120 seconds no IPC 507.115 CAPTION OR CRISIS intervention skills was utilized

questioned by Inmate: CAPT. crewnell to be disciplined, and federally indicted for violating federal statutes 18 USC § 242, 18 USC § 555, 18 USC § 241

and below and check the correct box:

Do you have your statement edited for clarification by OCGS staff?

Yes No

Do you want the OCGS staff to write the grievance for you?

Yes No

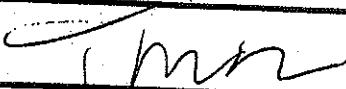
Do you want to file this grievance with a court or other agency?

Yes No

Do you require the assistance of an Interpreter?

Yes No

Signature:



Date of Signature:

12/26/2021

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

RE: THIS FORM IS UNPAID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

	Grievance Reference #	Category:
12/25/2021 12/26/2021 12/26/2021	<u>376100</u>	<u>Non-Grievable - staff complaint</u>
Office of Constituent and Grievances Services Coordinator/Officer Signature: <u>Yvonne Massley #1738</u>		

CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES			
INMATE STATEMENT FORM			
		Form.: 7101R	
		Eff.: 2/25/20	
		Ref.: Dir. 3376R-A	
Name:		Book & Case #:	NYSID #:
Tyrone MASsey MDC		8982000522	61083103M
Housing Area:		Date of Incident:	Date Submitted:
950th		09/01/21	11/20/21

Inmates must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or assault allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

e: Franklin Mejia is aware of my complain to pain and injuries and has been refusing sick call care, medical care today I told him I am in pain and have injuries as result of being ASSAULTED, having spine involved in use of force during 3-11 tour 11/19/21 he still refuse to give me medical care today - ON 11/20/21

requested by Inmate: medical care in accordance with sick call and medical standards/protocol

d below and check the correct box:

Do you have your statement edited for clarification by OCGS staff?

Yes No

Do you want the OCGS staff to write the grievance for you?

Yes No

Do you want to file this grievance with a court or other agency?

Yes No

Do you want to hire the assistance of an interpreter?

Yes No

Signature:

TMW

Date of Signature:

11/20/21

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

Grievance Reference #	Category:
374718	Medical Non-Grievable Staff complaint
Office of Constituent and Grievances Services Coordinator/Officer Signature: G. Williams #17851	

 CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM								
Inmate's Name: <i>Tynne MASsey</i>	Book & Case #: <i>8952000522</i>	Form #: 7101R Eff.: 2/26/20 Ref.: Dir. 3376R-A NYSID #: <i>01083103m</i>						
Facility: <i>MDL</i>	Housing Area: <i>Ground</i>	Date of Incident: <i>11/14/21</i>						
Date Submitted: <i>11/18/21</i>								
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p> <p>Grievance:</p> <p><i>I Told CAPTain OudkerK shield # on Jan 14, 2021 I had a fight with Nigel Fredricks #1411904251 in Sept 2020 And was sure if he placed said inmate in the living cage with me he would ATTACK me AGAIN CAPT OudkerK STATED "SO WHAT you A Snitch and Transgender Somebody needs to kill you he then placed Nigel Fredricks in cage with me so I can be ASSAULTED</i></p>								
<p>Action Requested by Inmate: <i>INVESTIGATION and CAPTAIN OUDKERK Administratively disciplined</i></p>								
<p>Please read below and check the correct box:</p> <p>Do you agree to have your statement edited for clarification by OCGS staff? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Do you need the OCGS staff to write the grievance for you? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Have you filed this grievance with a court or other agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Did you require the assistance of an interpreter? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>								
Inmate's Signature: <i>TM</i>	Date of Signature: <i>11/20/21</i>							
FOR DOC OFFICE USE ONLY								
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.								
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p> <table border="1"> <tr> <td>TIME STAMP</td> <td>Grievance Reference # <i>374653</i></td> <td>Category: <i>Non-Guaranty Staff</i></td> </tr> <tr> <td></td> <td colspan="2">Office of Constituent and Grievances Services Coordinator/Officer Signature: <i>Cheryll Williams #79351</i></td> </tr> </table>			TIME STAMP	Grievance Reference # <i>374653</i>	Category: <i>Non-Guaranty Staff</i>		Office of Constituent and Grievances Services Coordinator/Officer Signature: <i>Cheryll Williams #79351</i>	
TIME STAMP	Grievance Reference # <i>374653</i>	Category: <i>Non-Guaranty Staff</i>						
	Office of Constituent and Grievances Services Coordinator/Officer Signature: <i>Cheryll Williams #79351</i>							

STATE OF NEW YORK
DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM

Case 1:20-cv-00067-RA-OTW Document 40 Filed 09/23/21 Page 27 of 33

Form.: 7101R
 Eff.: 2/25/20
 Ref.: Dir. 3376R-A

One Massay	Book & Case #: 8952000522	NYSID #: 01083103M
2C	Housing Area: 9 South	Date of Incident: 1/14/2021
		Date Submitted: 1/16/2021

t be submitted within ten business days after the incident occurred, unless it's a sexual abuse or ion. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number, ovide the inmate with a copy of this form as a record of receipt.

Told Captain Sudkerk I was sexually ed by DR 1051F Shpiers on Jan 14, 2021. Sudkerk replied he's not doing nothing ess the issue.

S
X
h
I
B
T

By Inmate: Investigation and Capt. Sudkerk
 I was disciplined and I be escorted with handheld camera and check the correct box:

your statement edited for clarification by OCGS staff?

Yes No

I staff to write the grievance for you?

Yes No

I advance with a court or other agency?

Yes No

I instance of an interpreter?

Yes No

IML

Date of Signature:

1/16/2021

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

Grievance Reference #

374648

Category:

Non Grievable - Staff Complaint

Office of Constituent and Grievances Services Coordinator/Officer Signature:

John Williams #17351

ATTACHMENT - B

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM				
			<small>Form 34R Eff.: 2/20 Ref.: 3376R-A</small>		
Inmate's Name: <i>Tyrone Massey</i>	Book & Case #: <i>8952000 522</i>		INYSID #: <i>01083103m</i>		
Facility: <i>MDC</i>	Housing Area: <i>9500th</i>	Date of Incident: <i>11/8/2021</i>		Date Submitted: <i>11/8/2021</i>	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p> <p>Grievance: <i>Franklin Mejia refused to give me medical care on Jan 18, 2021 despite me complaining to him I WAS sexually assaulted by 10517 shirts physically assaulted by another inmate and had seizure in cell I am in pain</i> </p>					
<p>Action Requested by Inmate: <i>Access to another physician to replace Franklin Mejia escorted in facility with handcuffs</i></p>					
<p>Please read below and check the correct box:</p>					
<p>Do you agree to have your statement edited for clarification by OCGS staff?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<p>Do you need the OCGS staff to write the grievance for you?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<p>Have you filed this grievance with a court or other agency?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<p>Did you require the assistance of an interpreter?</p>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<p>Inmate's Signature: <i>TM</i></p>		<p>Date of Signature: <i>11/8/2021</i></p>			
<p>FOR DOC OFFICE USE ONLY</p> <p>OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.</p>					
<p>THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR</p> <p>TIME STAMP <i>07:11 AM 12 NOV 2021</i></p>					
<p>Grievance Reference #</p> <p><i>374649</i></p>		<p>Category: <i>Medical Non-credible Staff complaint</i></p>			
<p>Office of Constituent and Grievance Services Coordinator/Officer Signature:</p> <p><i>Chowlllignus #12361</i></p>					

CITY OF NEW YORK - DEPARTMENT OF CORRECTION		
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES		
INMATE STATEMENT FORM		Form.: 7101R Eff.: 2/25/20 Ref.: Dir. 3376R-A

Name: Tyrone Massey MDC	Book & Case #: 8952000522	NYSID #: 01083103m
Housing Area: S. North	Date of Incident: 11/14/21	Date Submitted: 11/20/21

Inmates must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or assault allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

e: CAPT. (D)HALL refused to provide me medical care despite me cutting self in her presence I Told her I was in pain and wanted medical care the O.A in my cage recorded me ~~was~~ placing a paper on window stating "I need medical care myself cause of deadlock"

Requested by Inmate: CAPT. (D)HALL TO BE ADMINISTRATIVELY DISCIPLINED

I below and check the correct box:

a to have your statement edited for clarification by OCGS staff?

Yes No

the OCGS staff to write the grievance for you?

Yes No

d this grievance with a court or other agency?

Yes No

e the assistance of an interpreter?

Yes No

nature:

TM 2

Date of Signature:

11/20/21

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

INMATE SIGNATURE	Grievance Reference # 374745	Category: Non-Grievable Complaint
Office of Constituent and Grievances Services Coordinator/Officer Signature: G. Williams #1088		

CITY OF NEW YORK - DEPARTMENT OF CORRECTION

OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORMForm: 7101R
Eff.: 2/26/20
Ref.: Dir. 3376R-A

Name: <u>YONAL MASSERY</u>	Book & Case #: <u>895-2000522</u>	NYSID #: <u>01083103m</u>
MDC	Housing Area: <u>9 South</u>	Date of Incident: <u>11/19/21</u>
		Date Submitted: <u>11/19/21</u>

es must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. shall provide the inmate with a copy of this form as a record of receipt.

TM

Captain Firson, C.O. Grant (white biffle)
1051F Ships did not make sure I
given medical care AFTER use of
the incident with me and E.S.U
vers they told me hold it down
the morning violating federal statutes 18 USC 5241
42 USC 5193
42 USC 551935
1986

Tested by Inmate: NYC OOC INVESTIGATION

All investigation afford services and
located with hand held camera

below and check the correct box:

to have your statement edited for clarification by OCGS staff?

the OCGS staff to write the grievance for you?

file this grievance with a court or other agency?

re the assistance of an interpreter?

Yes No Yes No Yes No Yes No

nature:

Date of Signature:

11/19/21

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

Grievance Reference #

374686

Category:

Non-Quarable - Non-Applicable

Office of Constituent and Grievances Services Coordinator/Officer Signature:

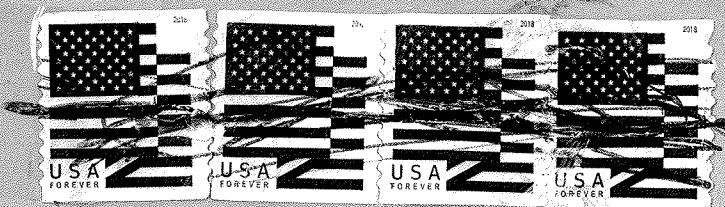
YONAL MASSERY

CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM		Form #: 7701R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A	CORRECTIONAL DEPARTMENT OF NEW YORK
Inmate's Name: Tyronne Masssey	Book & Case #: 89-52006 572	NYSID #: 01083103m	
Facility: WEST FACILITY	Housing Area: SPRING 13	Date of Incident: Ongoing	Date Submitted: 3/16/2021
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>			
<p><u>Grievance:</u> On 12/11/2020 I made a 311 complaints that CAPTAIN PAUL and CAPTAIN TIESSO denied me medical attention after I was splashed with urine and feces and one has spoken to me about this. I also made 311 complaints of being splashed on 12/12/20; 12/13/20; 12/14/20; 12/15/20. There was also emails sent to NYC DOC employees and officials on DEC 14, 2020 of me being splashed and denied medical treatment by the aforementioned CAPTAINS and one has spoken to me.</p>			
<p><u>Action Requested by Inmate:</u> 311 Complaint numbers filed on 12/11/20 to 12/17/20 will be sent by JJA MECARTHY OF prisoners rights project on 12/14/20 and investigation's conducted on the above-mentioned incidents given to me.</p>			
<p><u>Please read below and check the correct box:</u></p>			
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Inmate's Signature: <u>TM j2</u>		Date of Signature: <u>3/16/2021</u>	
<u>FOR DOC OFFICE USE ONLY</u>			
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.			
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR			
TIME STAMP	Grievance Reference # # 393826	Category: Non grievable F.O.I.L	
	Office of Constituent and Grievance Services Coordinator/Officer Signature: S. CANADY		

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM			
			Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A	
Inmate's Name: <i>Massey, Tyrone</i>	Book & Case #: <i>349.19.0588-6</i>		NYSID #: <i>01083103M</i>	
Facility: <i>NIC - Main</i>	Housing Area: <i>2A</i>	Date of Incident:	Date Submitted:	
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>				
<p>Grievance: <i>not being produce to his infraction</i> <i>Revises</i> </p>				
<p>Action Requested by Inmate: <i>Hearing officer Rodriguez to directly afford me, my hearing in person.</i></p>				
<p>Please read below and check the correct box:</p>				
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Did you require the assistance of an interpreter? <i>3</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Inmate's Signature: <i>Q</i>			Date of Signature: <i>10</i>	
FOR DOC OFFICE USE ONLY				
OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT				
THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR				
TIME STAMP <i>2021 FEB 10</i>	Grievance Reference # <i># 2821584</i>		Category: <i>non-grievable - other</i>	
Office of Constituent and Grievances Services Coordinator/Officer Signature: <i>J. Canada</i>				

Tyrone MASSey
895200¹⁰522

1606 Hazen Street
E. Elmhurst, NY 11370



RECEIVED
SDNY PROSECUTOR'S OFFICE
2021 SEP 23 PM 2:28

USDC
SDNY
500 PEARL Street
NY, NY 10007

ATTN: Pro Se Office